



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES
BUREAU OF NUTRITION SERVICES AND WIC
DOCUMENTATION FOR MEDICAL NEEDS FORMULA ISSUANCE

LOCAL PROVIDER		TELEPHONE NUMBER	
ADDRESS			
MEDICAL NEEDS FORMULA REQUEST - CARE PROVIDER PLEASE COMPLETE * AREAS			
PARTICIPANT NAME		DATE OF BIRTH	
PARENT/GUARDIAN NAME			
*FORMULA	*CHECK LENGTH OF TIME REQUESTED <input type="checkbox"/> 1 MO. <input type="checkbox"/> 2 MO. <input type="checkbox"/> 3 MO. <input type="checkbox"/> 4 MO.		*DAILY AMOUNT REQUIRED
*MEDICAL DIAGNOSIS TO SUPPORT USE OF THIS FORMULA 			
*PHYSICIAN OR ADVANCE PRACTICE NURSE NAME (TYPE OR PRINT)		*TELEPHONE NUMBER	
*ADDRESS			
*PHYSICIAN/ADVANCE PRACTICE NURSE SIGNATURE (APN) ▶		*DATE OF ORDER	
*ADVANCE PRACTICE NURSE COOPERATING PHYSICIAN'S NAME (TYPE OR PRINT)		*TELEPHONE NUMBER	
SPECIAL INSTRUCTIONS 			
LOCAL WIC OFFICE USE ONLY			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED, WHY?	IF DISAPPROVED, WAS HEALTH CARE PROVIDER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE HEALTH CARE PROVIDER CONTACTED.
COMPETENT PROFESSIONAL AUTHORITY (CPA) SIGNATURE/TITLE ▶		DATE	
MONTHS APPROVED FOR ISSUANCE - LIST MONTHS IN SPACE PROVIDED			
1ST	2ND	3RD	4TH
LOCAL AGENCY RD		NAME OF APPROVED STATE NUTRITIONIST	DATE

MEDICAL/DIET DATA			
CPA'S - As appropriate complete all sections for infants and children. Complete section 4 for women.			
1. MEASUREMENTS			
LENGTH/HEIGHT	WEIGHT	TODAY'S MEASUREMENT DATE	
WEIGHT/STATURE %	RISK FACTORS		
GROWTH PATTERN			
<input type="checkbox"/> MAINTAINING SAME CURVE <input type="checkbox"/> IMPROVING <input type="checkbox"/> DECLINING			
DATE	TYPE OF FORMULA	LENGTH OF TIME	REACTION
3. CHECK ALL APPLICABLE FEEDING PROBLEMS			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> RECENT ILLNESS/FEVER <input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> FEEDING PREPARATION <input type="checkbox"/> FEEDING PRACTICES <input type="checkbox"/> FEEDING METHOD </div> <div style="width: 50%;"> <input type="checkbox"/> DILUTION <input type="checkbox"/> AMOUNT <input type="checkbox"/> ORAL </div> <div style="width: 50%;"> <input type="checkbox"/> RECENT/CURRENT MEDICATIONS <input type="checkbox"/> RECENT ADDITIONS TO DIET <input type="checkbox"/> SANITATION <input type="checkbox"/> POSITIONING <input type="checkbox"/> OTHER (DESCRIBE) </div> <div style="width: 50%;"> <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> FREQUENCY <input type="checkbox"/> BURPING </div> </div> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>			
4. RECOMMENDATIONS/COMMENTS			
			CPA INITIALS/DATE